

with a lancet before the tooth could be removed. He did not feel any ill effect from the operation during an interval of four or five hours; he then felt quite overcome, became sick, lay upon his bed, and immediately gave notice that his jaw was locked.

At eleven o'clock on the night of the 5th inst., Dr. P. found the man lying upon his back in bed, his face being somewhat swollen, particularly upon the right side, but pale; the expression of countenance variable, occasionally anxious and excited, and again depressed and heavy; there was considerable restlessness, and frequent spasmodic twitchings of the muscles of the face. An attempt to introduce a little water between the clenched teeth, from the point of a spoon, brought on the most distressing convulsive efforts to swallow, which threatened to produce suffocation. The patient did not swallow the saliva, and suffered much in his efforts to discharge it occasionally from his mouth, when turned upon his face. Intellect was perfect, and he intimated by signs that the right side of his face was the chief seat of pain. There was very remarkable arterial excitement; pulse above 100, full and resisting, the spasmodic action being limited to the muscles of the neck and face.

He was immediately bled to nearly eighteen ounces, when the general excitement was relieved, and the pulse became smaller and softer. The bowels were freely acted on by large enemata, containing *sp. terebinthinæ*, in the proportion of half an ounce to each enema. Then a warm bath was tried, and the spine diligently rubbed with a brush during its employment, and subsequently, when the patient was in bed, pledgets of lint, wet with warm laudanum, were laid along the spine, at the same time that opiate enemata, containing fifty drops of laudanum each, were directed to be given every third hour, (whilst the effects of the medicine upon the system should decide how long they were to be continued,) and eight leeches to be applied over the angle of the lower jaw upon the right side.

At five o'clock on the morning of the 6th inst., the general symptoms appeared to be relieved, but there was no power to open the mouth or to swallow.

At eleven o'clock, A. M., all the symptoms became worse. The patient was now cupped upon the back of the neck, and whilst the blood was flowing, he made signs to get a drink, which he attempted to swallow, and by the time that eight or ten ounces of blood had been removed, he succeeded in swallowing a few spoonfuls of water. Just then, Dr. P. met Dr. Waters in consultation upon the case, when they agreed to use tobacco in the way of enemata and stupes, together with calomel and opium, to affect the system.

On the following day, the tobacco was omitted, and the mercury, when its constitutional effects appeared. From this period the amendment was progressive, but slow, as the severe effects of the illness were not recovered from for some weeks.—*Dublin Medical Press*, Sept. 13, 1843.

36. *Extirpation of an Ovarian Cyst.* The following report of a case of extirpation of an ovarian cyst, communicated to the Royal Medical and Chirurgical Society by BRANSEY B. COOPER, Esq., with the discussion to which it gave rise, will be read with great interest.

Mr. Cooper's patient was 32 years of age, and married for four years, without having had children. She had suffered at different periods from dysmenorrhœa and leucorrhœa. Two years before her admission, her abdomen became greatly enlarged, and having consulted the author, he considered the case to be one of ovarian tumour, and proposed to draw off the fluid from the cyst, and remove the cyst by a small opening into the abdomen. But the plan was not carried into effect. She was afterwards tapped on two different occasions, when about three gallons of straw-coloured fluid were discharged each time. When she applied at the hospital, earnestly soliciting to have the operation of removing the tumour performed, her abdomen measured about three feet and a half in circumference. Mr. Cooper resolved to perform the major operation: an incision was therefore made through the abdominal parietes from the ensiform cartilage to the pubes. A few adhesions to the tumour were met with near the point where the trocar

had entered in tapping; these having been divided, the cyst was dislodged and brought out through the wound, when the pedicle, connected with the right ovary, came into view. A double ligature was passed through the pedicle, and both threads having been tied, the pedicle was divided between the cyst and the ligatures. The left ovary was examined, and found to be healthy. The edges of the wound were then brought together by sutures and strapping, and a roller applied round the abdomen. There were some attempts to vomit during the application of the ligatures, but otherwise the patient bore the operation well. A minute record was given of the daily condition of the patient subsequent to the operation: but it is sufficient to say that distinct symptoms of peritonitis soon appeared, and the patient died on the seventh day, without any indication of the system rallying. On the post-mortem examination, lymph was found effused extensively over the abdominal parietes and viscera, uniting them in many places together. A small piece of omentum was enclosed in the ligature applied to the pedicle. The uterus was large, tumid, and of a dark colour; and a soft fungous tubercle, pronounced after microscopic examination to be malignant in its structure, was found on its fundus. The cyst which was removed was of an oval form, and at its superior and anterior part there was a collection of compound cells. Its weight was thirty-two pounds. The author concluded by making some observations upon the operation. He drew attention to the peculiar kind of inflammation which followed, and was inclined to think that it was excited more by the presence of the ligature applied to the pedicle and left in the wound, than to the extensive incision. He also noticed the fact of a tumour of fungoid structure having been found growing from the substance of the uterus, and thought that this was interesting as illustrating the views of those pathologists who believe various tumours, consisting of cysts, to be malignant in their nature, and as bearing on the question of the propriety of removing such tumours by operation.

Mr. Bransby Cooper called upon Mr. Lawrence to give his opinion on the operation which he had just been describing. He stated that he had had some conversation with Mr. Lawrence in the other room, when he had descanted very eloquently upon it, and had pronounced an opinion unfavourable to its performance.

Mr. Lawrence stated, that he had not had any experience as regards this operation, not having either seen or performed it. He had never met with any case in which he did not consider it was better to go on with the disease, than have recourse to an operation. With respect to the question whether this is an operation to be admitted as established, whether it is one that should be proposed to the patient, or whether it should be performed at the solicitation of the patient, there are two points to be considered. First, the nature of the operation. There existed a considerable difference of opinion as to the attendant danger. Some of the gentlemen who had operated, seemed to consider it a light matter—to look upon it as no great thing to make an incision into the abdomen, extending from the ensiform cartilage to the pubes, and then to turn out a tumour weighing twenty or thirty pounds, and perhaps have to separate numerous and extensive adhesions. He, however, regarded it as a proceeding of very great danger; one in which the chance of a fatal termination was, at least, equal to that of recovery. He did not consider that we had yet obtained the true statistical account of the operation; practitioners were more ready to record their successful than their unsuccessful cases. The credit side was filled up, but there was a good deal more to be brought up on the *per contra* page. The operation is one of exceeding danger, and only warrantable to escape from intense suffering, or to save from approaching death. Then came the question whether ovarian disease might be regarded as coming within that description. He (Mr. Lawrence) thought not. Patients labouring under it may lead a not uncomfortable life for a term of years, and may be relieved from time to time, from the inconvenience they endure by a trifling operation. He differed in opinion with Mr. Bransby Cooper, who says that paracentesis abdominis fails in affording more than temporary relief. Two ladies applied to him about twenty years since; one patient, who

presented signs of ovarian disease, was tapped twice, and has been since apparently free from the disease. The other, after having been tapped did not enlarge again for three or four years, when her malady returned; she has been tapped four or five times since and is now tolerably comfortable. Other cases must be familiar to all medical men who have had much experience, where the contents of the diseased ovary have burst into the cavity of the abdomen, and have been afterwards absorbed. In other cases, patients will live with their disease for five, six, or eight years, avoiding the danger of the operation, and the great loss of life which must be consequent on it. He (Mr. L.) did not think it was as yet an operation to be admitted within the pale of surgery.

Mr. Bransby Cooper thought that Mr. Lawrence must have been more than usually fortunate in the cases which he had tapped. He (Mr. C.) had performed that operation several times, and he had found that until tapping had been practised the patients had not suffered much inconvenience, except from the effects produced by the immense accumulation of fluid pressing on the viscera, to relieve which the operation of paracentesis abdominis was performed, but afterwards he had invariably found that they suffered more or less constantly, and were rendered incompetent to perform the ordinary duties of life, and a burden to themselves. He was not one to think slightly of this operation, and never experienced any thing like the mental distress previously to any operation, as he did prior to performing this. He looked upon it as a most formidable proceeding. Mr. Greenhow's case, in his opinion, was one not fitted for extirpation; the slight fluctuation and the other attendant circumstances showed that it was a case which was not a proper one for operating, nor one the fatal termination of which should militate against the employment of the operation. In his own opinion, he preferred the minor operation, although he had, in the instance that had been narrated, performed the major one, on account of the great success that had attended it at Mr. Walne's hands. He had deemed it a duty not to be biassed by his own feelings, but to be guided by the experience of others. If, however, he were to do it again, he would make a small incision, draw off a portion of the fluid contained in the cyst, leave a part thereof behind, so as to enable him to get at the pedicle. The operation performed by Dr. Frederick Bird he regarded as the more eligible proceeding, because, if when the operation had been commenced, any untoward circumstance, such as extensive adhesion, &c. should be discovered, the incision could then be enlarged. Mr. Cooper concluded by remarking that he was not an advocate for the extirpation of the diseased ovary, nor should he seek to do it in any case, but still he did not think that the fatal termination in the cases that had been recorded that evening, should tell against it; but that further investigation was required.

Dr. Merriman observed, that in the first case, there were signs of disease about the parts of generation, such as the leucorrhœa and menorrhagia, which showed that the case was not one of ovarian dropsy to be relieved by an operation, while the drawings of the tumour that were exhibited, showed the presence of malignant disease of the ovary, which indeed might have been gathered from the symptoms previously to the operation. In all these cases the state of the uterus should be carefully examined. In Mr. Cooper's case, the diseased condition of the uterus was not discovered prior to the extirpation of the ovary. With regard to the statistics of the operation, more information was required before a satisfactory conclusion could be drawn.

Mr. B. Phillips stated that he had seen the operation performed four times, three of the patients being now living, and two of them quite well some time at least after the removal of the ovary had been practised. He had himself performed it several years ago, the issue of the case being unsuccessful. The details of the case were published at the time it occurred. He did not consider that the magnitude of the operation should be regarded as a bar to its performance, for there were many other operations of equal magnitude, which no surgeon would refuse to perform. The results of the operations are, therefore, only to be looked to. If there were any medicines that were of service in the treatment of this disease, we should of course avail ourselves thereof; but such

was not the case, and tapping was always deferred as long as possible, although it must ultimately be done, on account of the great increase of size, &c. When the inconvenience thus produced became so great that it could not be borne any longer, the question then arose, which was preferable, tapping or the operation? Patients sometimes die from the effects produced from the operation of paracentesis abdominis; it is quite true, however, that others are materially benefited by it, and the disease may not return; but it is not right to trust to that, although in other cases the operation of tapping may terminate successfully. Mr. B. Phillips quite agreed with Mr. Bransby Cooper in opinion that tapping was generally followed by a fatal termination in about four years. The question then was whether we should operate by paracentesis abdominis, and run the risk of death occurring in a given time, or take the chance of the results of the more serious operation; and this question Mr. B. Phillips did not think we had at present sufficient information to decide. He thought it very essential when any new operation or proceeding was introduced in medicine, that all the cases in which it is tried, whether successful or unsuccessful, should be placed on record for the guidance of the profession, and considered it a great dereliction of duty on the part of those who withheld unsuccessful cases, inasmuch as without them it was impossible to form a correct estimate of the real value of the operation. If every unsuccessful case that had occurred had been published, which, however, he was not inclined to believe, then we were in possession of information in its favour. With regard to the nature of the operation, he had only seen the small incision practised, and that he thought was the best. He could not see any reason why a longer incision than one of three or four inches in length should be required. The tumours in the cases seen by him were as large as any that had been extracted, and they had been readily removed through the small incision.

Mr. Lawrence did not intend decidedly to condemn the operation; he merely meant to imply that, from his own personal knowledge, he did not think it a fitting operation to recommend; but he would not say that circumstances might not arise where the surgeon might advise it, or might conscientiously operate if called upon to do so. As yet a sufficient lapse of time has not occurred to enable us to judge of the results of this operation, as we can of that of tapping, where the patients have survived four, five, eight, and even ten years. He remembered seeing a case that had been operated on years before by Mr. Lizars, at Edinburgh; there was a cicatrix extending from the ensiform cartilage to the pubes, showing where the incision had been made, and when he saw the patient the pelvic region was filled up with a solid tumour, which must ultimately have led to her death. In that case it cannot be said that there was a complete and perfect recovery. Mr. Cooper had stated in the course of his communication, from the records at Guy's, that in many cases there was disease in the other ovary, or malignant disease elsewhere in the system. These facts were against the performance of the operation. Time, however, was requisite to show the results. If the removal of the ovarian cyst were to be practised, he should prefer the minor operation, as he did not think it necessary to rip up the abdomen from the ensiform cartilage to the pubes. In the pathological collection at St. Bartholomew's, there was a large ovarian cyst which had been removed successfully by the minor incision, by Mr. King, of Saxmundham. Much had been said about the cases that were fit and favourable for removal, but those that were in that condition were such as could be kept in a comfortable state by palliative treatment and by tapping; it was only in the unfavourable cases that a remedy was required, and the one now proposed was the least adapted for such cases.

Sir George Lefevre inquired if any statistical information had been obtained relative to the results of tapping practised early or late in the disease. He had seen a case some years since in the Ukraine, of a lady with ovarian dropsy, who had been tapped while the disease was yet recent, by Dr. Macdowel and Dr. Lee, although she had been strongly dissuaded against it, and had lived twenty years afterwards without any recurrence.

Mr. Davies mentioned the case of a lady who had been tapped ten times for

ovarian disease, who enjoyed good health, independent of that disease, and lived to the age of seventy-two years, dying then of some other complaint.

Mr. Lloyd alluded to cases where paracentesis abdominis had been performed several times, the patients living some time afterwards.

Dr. Copland agreed with Mr. Lawrence in opinion as regarded this operation, and thought that medical treatment was more to be relied on than the members seemed inclined to admit. He had seen cases in which, by the adoption of appropriate medical treatment, a cure had been effected, and others in which the further progress of the disease had been arrested. Some of these patients were now living, and presented very little appearance of ovarian disease. The cases that promise best for the success of the operation, are precisely those in which medical treatment should be had recourse to. Not even tapping should be performed, but the patient should have change of air, nourishing diet, and such medicines as invigorate the constitution.—*Med. Times*, Jan. 20, 1844.

37. *Tracheotomy in the last stage of Croup*.—Dr. SCOUTETTEN, Prof. at the Military Hospital, Strasbourg, communicated to the French Academy of Sciences on the 8th January last, a case of croup in which tracheotomy was resorted to successfully. The subject of this case was the professor's own daughter.

This child, when three weeks old, woke up suddenly in the night greatly agitated; refused to take the breast; respiration stertorous; little or no cough. These untoward symptoms disappeared in the course of the next day, and three weeks passed away without any further accidents. On the 22d Jan. 1840, just after she had been washed, and while still naked, she was exposed to a cold draught, without seeming at the time to be affected. The succeeding night she was taken with the above-mentioned symptoms; the skin hot; pulse 120; tympanitis; little or no cough; hurried respiration; whistling sound during expiration. The same remedies were administered as before. 23d. Child continued in the same state until 11 P. M., when she appeared somewhat better, but after two hours the symptoms reappeared; mustard poultices were placed on the lower extremities, but they created so much irritation that it became necessary to dress the parts with simple ointment, mixed with the tinct. opii, and to cover them with compresses steeped in cold water. 24th. No amelioration: a consultation was held, and the only remedy proposed was a blister to the nape of the neck: at 3 P. M., the child threw up a considerable quantity of viscid mucus of a grayish colour, which seemed to relieve it. At midnight, the symptoms having increased in intensity, and the weakness of the child counter-indicating antiphlogistics, Dr. S. endeavoured to produce vomiting, by irritating the fauces, and succeeded in producing slight nausea, followed by the expulsion of mucus and some pseudo-membranes. This being insufficient, he administered two grains of tartar emetic with very little benefit. Death appeared now imminent; the face and lips were deadly pale; muscles relaxed; breathing very weak; pulse insensible; extremities cold. Insufflation by the mouth seemed to produce a slight amelioration, but as the greater part of the air was lost in the mouth, pharynx, and fossa nasalis, he introduced a gum elastic sound into the trachea, which, though useful, caused so much irritation, cough, vomiting, and spasms, that he was obliged to withdraw it. This was no sooner done, than the symptoms reappeared, and it became necessary to introduce it and remove it several times. A consultation was again held, and the general opinion was that death was inevitable, and the operation therefore useless. But as the beating of the heart still showed that life was not extinct, Dr. S. resolved, however acute his sufferings might be, to operate himself, rather than wait for the colleague who had promised to do so. The skin &c. divided, he was about to open the trachea when M. M—, whom he had requested to keep his finger on the pulse, exclaimed, "It no longer beats." Dr. S. ceased immediately, and insufflated some air into the lungs, which animated the child. The trachea was then opened; the air rushed into the lungs and the child opened its eyes; not having a dilator, Dr. S. introduced the sound he had previously employed, and insufflated